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SERIAL NUMBER 09/737,165	FILING DATE 12/14/2000 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. ENDICOR.5CP1D1
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/260,199 03/01/1999 PAT 6,206,898
 which is a CIP of 09/058,513 04/10/1998 PAT 6,001,112

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 02/07/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 9
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 20995
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TITLE
 Rotational atherectomy device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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